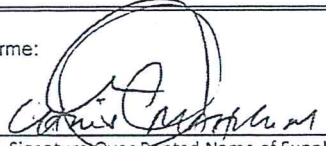
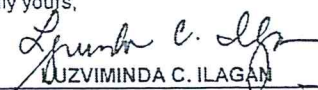



OBL

PURCHASE ORDER

DEPARTMENT OF SOCIAL WELFARE & DEVELOPMENT
IBP Road, Constitution Hills, Quezon City

#366

Supplier	GEMSTONE ENTERPRISE	PO No.	2018-04-0312		
Address	Unit 7 VAVA Comm'l. Bldg., Verdant Ave., Verdant Acres Subd., Las Piñas City	Date	April 19, 2018		
Tel. No.	808-7002				
PHILGEPS Reg. No.	2014-124340	Mode of Procurement	NP-Small Value Proc.		
TIN	101-559-086-000				
Gentlemen: PSR					
Please furnish this office the following articles subject to the terms and conditions contained herein:					
Place of Delivery	DSWD-C.O. PMS Warehouse, IBP Road, Constitution Hills, Quezon City	Delivery Term			
Date of Delivery	within seven (7) working days upon receipt of the Purchase Order.	Payment Term	fifteen (15) to Thirty (30) days upon final inspection and acceptance.		
Stock / Property	Unit	Description	Quantity	Unit Amount	Amount
	unit	Mobile Pedestal Melamine Laminated MDF Board, 3 drawers, Wooden Mobile Pedestal, Color: Cherry Walnut Code: GS-D1693 for DSWD-DLLS. CHARGE TO 2018 APPRO. GAS (LS)-MOOE-100000-1-1- AOQ No. 18-0362 NP-SV PR No. 2018030931	1	4,935.00	4,935.00
Total Amount in Words		FOUR THOUSAND NINE HUNDRED THIRTY FIVE PESOS ONLY			4,935.00
<p>In case of failure to make full delivery within the time specified above, the amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.</p>					
Conforme:		Very truly yours,			
 Signature Over Printed Name of Supplier Date <u>May 10, 2018</u>		 Signature over Printed Name of Authorized Official UZVIMINDA C. ILAGAN Undersecretary and DLL Officer Designation <i>for</i>			
Fund Cluster		ORS/BURS No.			
Funds Available		Date of the ORS/BURS:			
<u>100000-1-1</u> <u>21925-</u>  JUBIE LEAH MAE S. COLES Signature Over Printed Name of Chief Accountant/ Head of Accounting Division/Unit		<u>02-101101-0010-01-03700</u> <u>10000-4-30-18</u> <u>4,935.00</u>			